



STATE OF MARYLAND

DMMH

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Public Health & Emergency Preparedness Bulletin: # 2009:23 Reporting for the week ending 06/13/09 (MMWR Week #23)

CURRENT HOMELAND SECURITY THREAT LEVELS

National: Yellow (ELEVATED) *The threat level in the airline sector is Orange (HIGH)
Maryland: Yellow (ELEVATED)

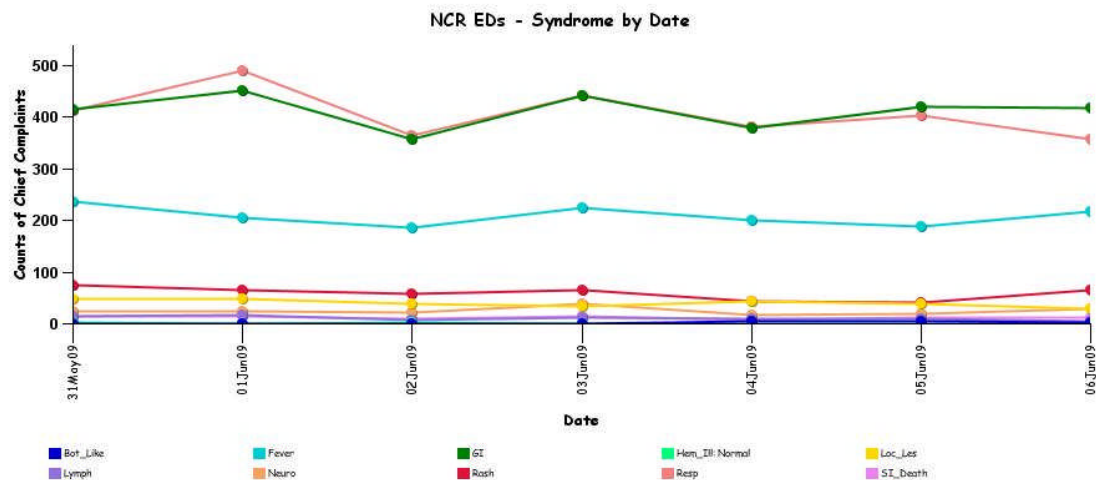
SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

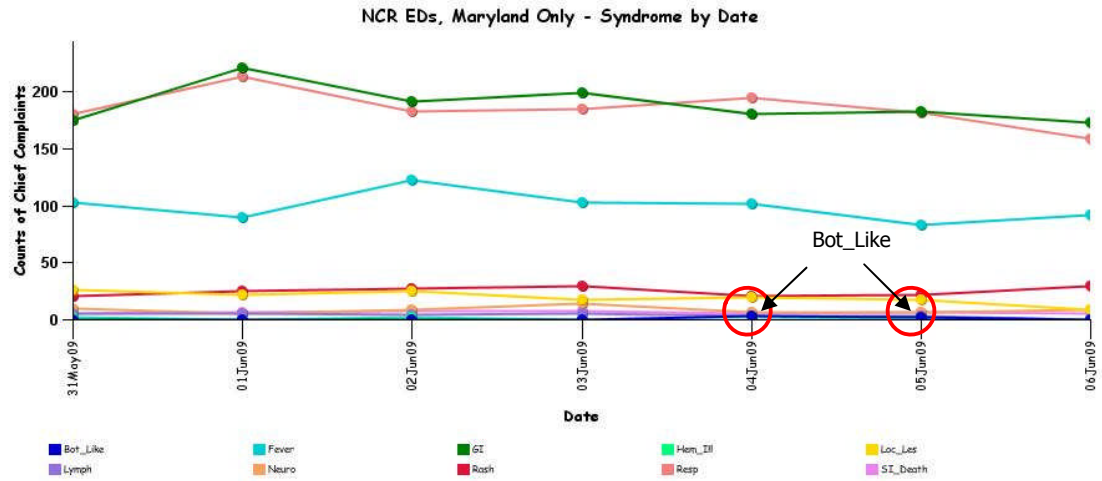
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

****Data for Week 23 not available in NCR ESSENCE at this time. Below is last week's graph for NCR EDs.**

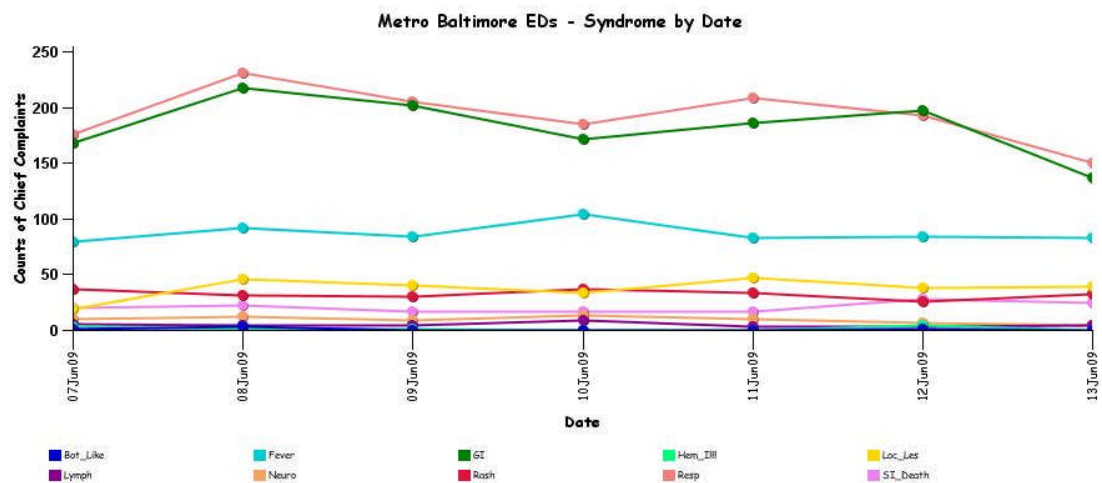


* Includes EDs in all jurisdictions in the NCR (MD, VA, DC) under surveillance in the ESSENCE system.

****Data for Week 23 not available in NCR ESSENCE at this time. Below is last week's graph for NCR EDs, Maryland Only.**



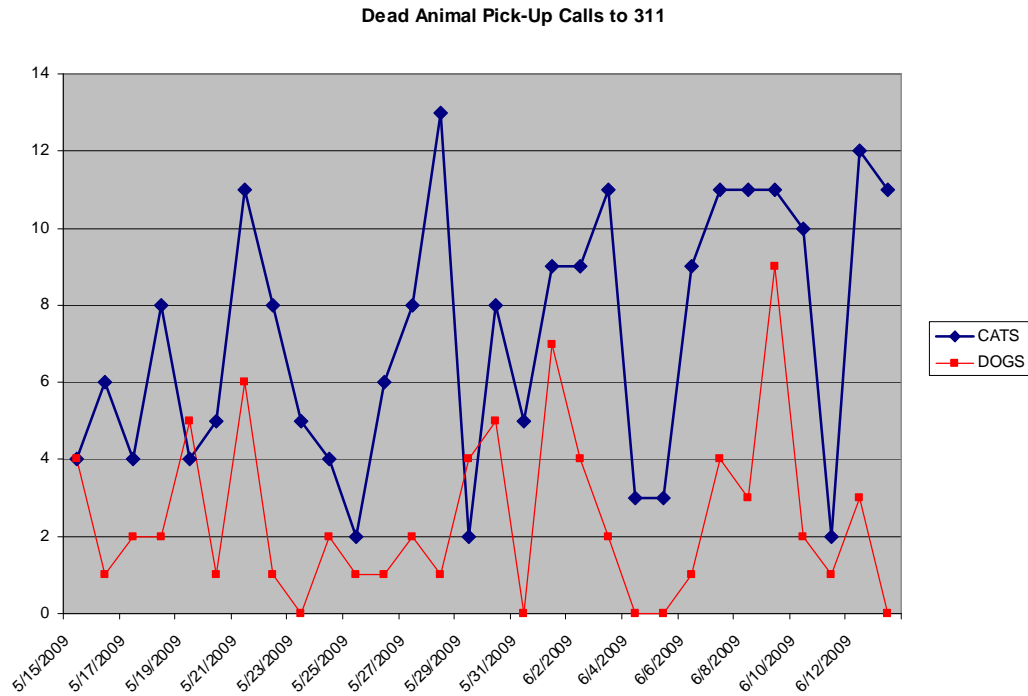
* Includes only Maryland EDs in the NCR (Prince George's and Montgomery Counties) under surveillance in the ESSENCE system.



* Includes EDs in the Metro Baltimore region (Baltimore City and Baltimore County) under surveillance in the ESSENCE system.

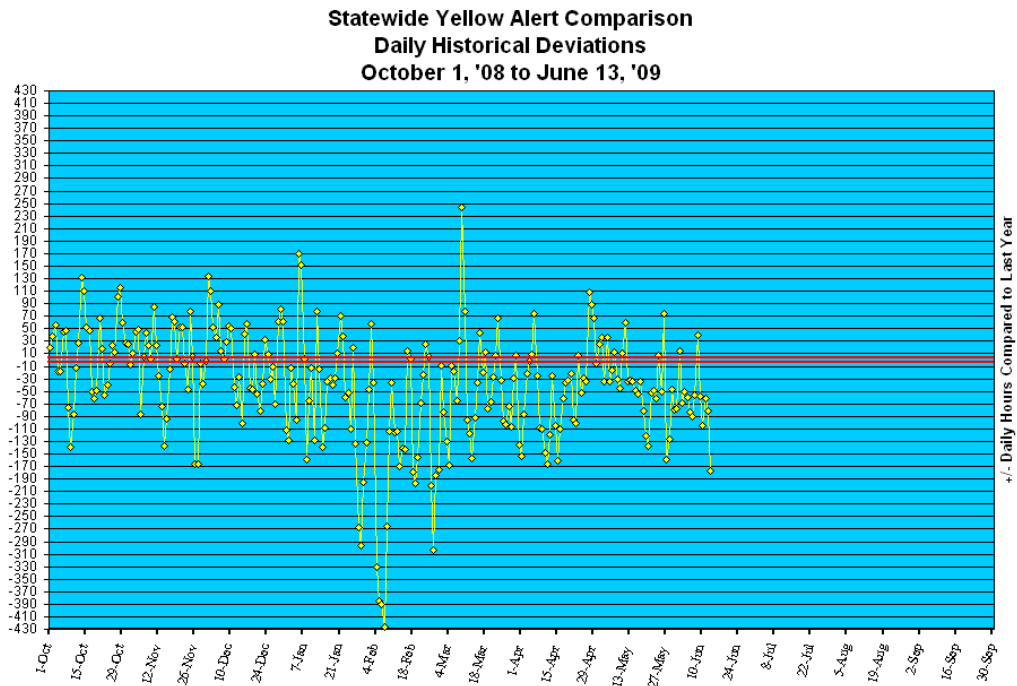
**** Red Alerts are not indicated on this graph.**

BALTIMORE CITY SYNDROMIC SURVEILLANCE PROJECT: No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.



REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/08.



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to BT for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in May 2009 did not identify any cases of possible terrorism events.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	Aseptic	Meningococcal
New cases (June 07 – June 13, 2009):	12	0
Prior week (May 31 - June 06, 2009):	12	0
Week#23, 2008 (June 01 – 07, 2008):	09	0

OUTBREAKS: 1 outbreak was reported to DHMH during MMWR Week 23 (June 7-13, 2009):

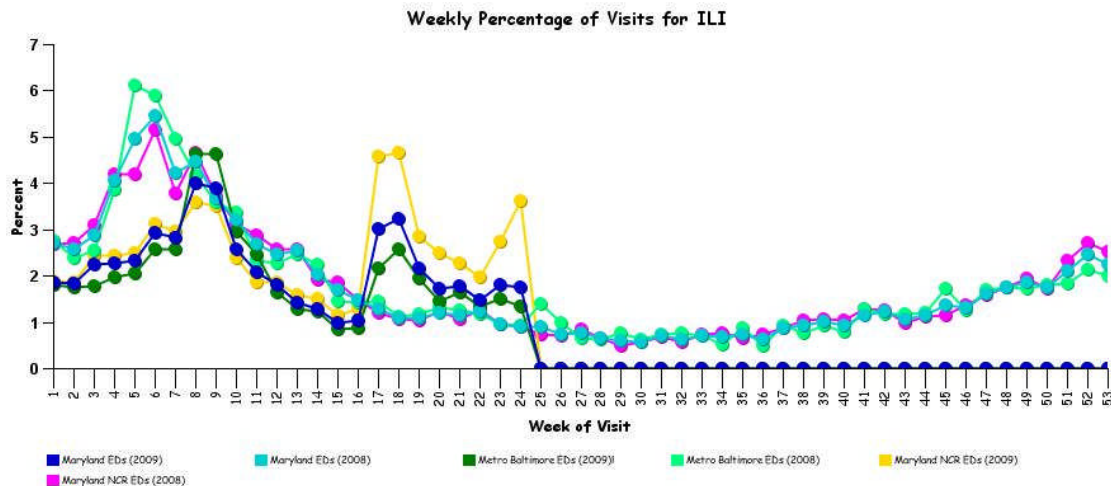
1 Respiratory illness outbreak

1 outbreak of ILI associated with a Program

MARYLAND INFLUENZA STATUS: Influenza activity in Maryland for Week 23 is LOCAL.

SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS:

Graph shows the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. This graph does not represent confirmed influenza.



***Graph shows proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.**

PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO Pandemic Influenza Phase: Phase 6: Characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in Phase 5. Designation of this phase will indicate that a global pandemic is under way. Definition of Phase 5 is characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.

US Pandemic Influenza Stage: Stage 0: New domestic animal outbreak in at-risk country

****More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at:**
<http://bioterrorism.dhmm.state.md.us/flu.htm>

WHO update: As of June 02, 2009, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 433, of which 262 have been fatal. Thus, the case fatality rate for human H5N1 is about 61%.

AVIAN INFLUENZA, HUMAN (Egypt): 09 Jun 2009, The ministry of health has announced that a 4-year-old girl has been infected by H5N1 influenza virus. She is number 80 in our H5N1 infection toll. She is from a village in Dakahlia Governorate "Delta." She began to suffer the symptoms on 5 Jun 2009 and entered 6 Jun 2009 in the Mansoura fever hospital. She was given Tamiflu and her condition is stable. She will be transferred to Manshiat El-Bakery hospital soon.

H1N1 INFLUENZA (Swine Flu):

INFLUENZA A (H1N1) (Worldwide): As of 14:00 GMT, 11 Jun 2009, 74 countries have officially reported 28,774 cases of influenza A (H1N1) infection, including 144 deaths. WHO is not recommending any travel restrictions related to the outbreak of the influenza A (H1N1) virus.

INFLUENZA A (H1N1) (Worldwide): 11 Jun 2009, On June 11, 2009, the World Health Organization (WHO) raised the worldwide pandemic alert level to Phase 6 in response to the ongoing global spread of the novel influenza A (H1N1) virus. A Phase 6 designation indicates that a global pandemic is underway. The following is an excerpt from the press statement by WHO Director-General Dr Margaret Chan. Ladies and gentlemen, in late April, WHO announced the emergence of a novel influenza A virus. This particular H1N1 strain has not circulated previously in humans. The virus is entirely new. The virus is contagious, spreading easily from one person to another and from one country to another. As of today [11 Jun 2009], nearly 30,000 confirmed cases have been reported in 74 countries. This is only part of the picture. With few exceptions, countries with large numbers of cases are those with good surveillance and testing procedures in place. Spread in several countries can no longer be traced to clearly-defined chains of human-to-human transmission. Further spread is considered inevitable. I have conferred with leading influenza experts, virologists, and public health officials. In line with procedures set out in the International Health Regulations, I have sought guidance and advice from an Emergency Committee established for this purpose. On the basis of available evidence, and these expert assessments of the evidence, the scientific criteria for an influenza pandemic have been met. I have, therefore, decided to raise the level of influenza pandemic alert from phase 5 to phase 6. The world is now at the start of the 2009 influenza pandemic.

INFLUENZA A (H1N1) (Egypt): 10 Jun 2009, Five new cases of foreigners infected with swine flu were discovered at a Cairo university dormitory on 9 Jun 2009, Egypt's health ministry said, bringing the total number of cases there to 7. The American University of Cairo (AUC) residence in the upscale neighborhood of Zamalek was quarantined on Monday after 2 American students were found to be infected with the A (H1N1) virus. The dormitory's 110 students from 10 nationalities, as well as 124 workers and lecturers who use the building, were tested following the outbreak and the university announced it would suspend classes until Sun 14 Jun 2009. The new cases are Americans - a woman and 4 men aged 20-26 - who had been in contact with the original 2 infections, Nasser Al Sayyed, assistant minister for preventive medicine, told journalists. "The dormitory will remain under quarantine for a week until no more cases are detected. We will provide all facilities they need including food and communication around the clock," Sayyed said. A ministry official has taken up residence in the dorm to monitor possible infections around the clock. The 1st 2 AUC cases were a woman who arrived from New Jersey via New York and London, and a man from Florida who came via New York.

Resources:

<http://www.cdc.gov/h1n1flu/>

<http://www.dhmm.maryland.gov/swineflu/>

NATIONAL DISEASE REPORTS:

EASTERN EQUINE ENCEPHALITIS, EQUINE (Georgia): 13 Jun 2009, Horse owners in the Coastal Empire should be on alert, after 2 animals in Long County are diagnosed with Eastern equine encephalitis (EEE). Officials from the Coastal Health District say the 2 horses were not from the same farm, and both have been euthanized. Norwood Stables in Savannah cares for about 2 or 3 dozen horses throughout the year. Co-owner Linda Brown says they take extra steps to protect their animals against illnesses like EEE. "We have the vet inoculate twice a year for all the mosquito diseases," she said. Brown said they check health certificates for all animals that come to their stables. "It's very important to know that they're healthy as they're coming in, because you don't want your horses that are healthy exposed," said Brown. They are also careful about standing water so mosquitoes can't breed. "All our horse troughs are dumped everyday," she said. Health officials say EEE in horses is fatal 70-90 % of the time. Epidemiologist Robert Thornton with the Coastal Health District says the disease is preventable, so owners should have their horses vaccinated. Horses aren't the only ones that need protection from the virus. "The disease in horses is it lets us know as a surveillance mechanism that the disease is present in the area, and therefore humans should take precautions," said Thornton. Humans cannot get the disease from horses, but they can get it from mosquitoes. A Beaufort County child died of the disease in August 2007. Even though there is a vaccine for horses, there is no vaccine for humans. (Viral encephalitis is listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

RICIN, POISONING, SUSPECTED (Washington): 12 Jun 2009, Urine samples taken from a woman in Everett, Washington, tested positive for the biological toxin ricin, traces of which were also found in the house she shared with the husband charged with beating her, the Everett Herald reported 9 Jun 2009. The woman told police she had been sick for the last year and suspected that her husband was poisoning her. Last week [6 Jun 2009], the man was charged with 1st-degree assault and unlawful imprisonment after allegedly beating his wife with a dumbbell and keeping her from leaving their home. After returning home from the hospital, the woman found a bag containing 20 unidentified beans, along with ant killer, powdered lye, and other materials she believed had been used as poison, according to court records. Castor beans are used to produce ricin, a highly lethal substance that cannot be legally produced or possessed in the United States. The suspect told police he had ordered castor beans in the mail. He had also used the Internet to find a ricin recipe, according to police. The Miami Health Department halted a shipment of 300 castor beans after finding it had not been inspected for bugs, according to a letter shown to police by the suspect's wife. The minute amounts of ricin reportedly found in the couple's home have hindered the speed of the investigation by city police and the FBI. Authorities "still have a lot of investigating to do" said Everett police Sgt Robert Goetz. The US Centers for Disease Control and Prevention is expected to conduct follow-up tests on the samples to verify the ricin findings. (Ricin toxin is listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

PLAGUE, FATAL (New Mexico): 11 Jun 2009, The New Mexico Department of Health confirmed on 10 Jun 2009 a third case of bubonic plague in Santa Fe County so far in 2009. A 56-year-old man was hospitalized and is back home recovering. The Department of Health is conducting an environmental investigation at the man's residence to determine if there is any ongoing risk to people. The Department also confirmed a plague case in a dog from north of the city of Taos and a cat case from the Arroyo Hondo area southeast of the city of Santa Fe. Earlier this month the Department reported a fatal case in an 8-year-old Santa Fe County boy and a case in his 10-year-old sister who recovered. There have been a total of 3 human cases in New Mexico, all in Santa Fe County, so far in 2009. (Plague is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS:

PLAGUE, HUMAN (Mongolia): 12 Jun 2009, People's Daily reports that a 14-year-old in Mongolia's Bayan-Olgii Province contracted plague after eating marmot on 29 May 2009. Symptoms appeared on 2 Jun 2009. Marmots, a large rodent related to the American woodchuck, are thought to be significant zoonotic reservoirs for *Y. pestis* in Eastern Asia. (Plague is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

ANTHRAX, HUMAN, BOVINE (Indonesia): 10 Jun 2009, Medical workers in the South Sulawesi [Sulawesi Selatan] town of Gowa have put 11 people under special care for suspected anthrax infection. Head of the disease prevention unit at the regional health agency Ahmad Yaman said on 10 Jun 2009 the Moncongloe villagers were owners of 19 cattle that were killed by anthrax last week. Ahmad said the people displayed symptoms of the disease, including fever and nausea. The villagers are being treated at their respective homes under supervision of the health agency and have received antibiotics since 6 Jun 2009. "Right now, their condition is improving, but we keep monitoring them while waiting for the results of a laboratory test on their blood samples," Ahmad said. The local community health center has distributed antibiotics to 349 residents of the village to prevent an outbreak from occurring. The center has now opened 24 hours a day to provide free medical care to the local people in the wake of the anthrax infection cases. The local husbandry agency has also required examination and vaccination of outbound cattle to prevent the spread of anthrax to neighboring villages. Gowa is an anthrax-endemic region outside the provincial capital of Makassar. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

CHIKUNGUNYA (Thailand): 10 Jun 2009, Chikungunya virus continues to spread in the province, with 694 confirmed cases in the island's official records. Phuket Provincial Health Office (PPHO) director Dr Pongsawas Ratanasang confirmed that 669 Thais have received hospital treatment for the disease. Dr Pongsawas said a further 25 cases, all foreigners, have also been treated: 17 Burmese, one Korean, one New Zealander, 2 Austrians, one Filipino, 2 Swedes, and one Scot.

Thalang District is the highest risk area, followed by Kathu District and Phuket City. Dr Pongsawas stressed that nobody has yet died of the disease. He expressed confidence the PPHO was succeeding in controlling its spread. "The spread of the disease in Phuket is slowing down. I think we can have it under control within 3 months," Dr Pongsawas said. Dr Pongsawas said the actual number of cases was probably far higher, as many people with the disease treat themselves or visit clinics. One woman in Thalang complained to a local cable television channel that despite frequent spraying of her home by authorities, every member of her household had been infected. (Emerging Infectious Diseases are listed in Category C on the CDC list of Critical Biological Agents) *Non-suspect case

OTHER RESOURCES AND ARTICLES OF INTEREST:

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://bioterrorism.dhmd.state.md.us/>

Maryland's Resident Influenza Tracking System: www.tinyurl.com/flu-enroll

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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